

Placer County Health and Human Services Department

| APPLICATION FOR | <u>R:</u> □ M | Mobile Food Facility Permit Only – Fill out Sections A, B, D, E, F | | | | |
|--|---|--|--|--|---------------------------------|--|
| | \Box C | aterer Registra | ation – Fill out | sections A, C, D | | |
| \Box Update Information \Box Ch | | hange of Own | er 🗆 Busi | ness Name Change | ☐ New Business | |
| review of your application Environmental Health offic may be paid via cash, cred | packet a Specialist ce in Auburn or the it card, cashier's ch | will contact you satellite office in | to schedule an ini Tahoe City, depo | tial inspection, to be perending on your location. | All fees are non-refundable and | |
| BUSINESS OWNER INFORMATION | | | | | | |
| Owner's Name: | | | Email Address / Website / Social Media: | | | |
| Mailing Address City, State, | | | | | | |
| Cell Phone# | | | Business/Alternate Phone# | | | |
| Business Name: | | | Food Safety Certificate: (ATTACH COPY) Name on Certificate: Expiration Date: | | | |
| MOBILE FOOD FACILITY VEHICLE INFORMATION | | | | | | |
| Owner/Applicant Driver's License #: | | Vehicle Year & Make: | | Vehicle Lic | ense Plate # | |
| California HCD insignia # | | Note: All enclosed MFF's which are to be occupied while in use (taco trucks, full prep vehicles) are required to pass CA HCD inspection prior to issuance of a Health Permit | | | | |
| Type of Food Served from Vehicle: *Please review Classifications & Requirements Handout | | | | | | |
| ☐ Prepackaged Food Only | ☐ Limited Food Preparation ☐ Full Fo | | | d Preparation | | |
| Per California Retail Food Code Section 114387, operation of a food facility in Placer County without a valid permit issued by this office may result in closure of the facility and penalty fees of up to three times the original permit fee. I certify that I am familiar with the laws pertaining to food service as stated in the California Retail Food Code and agree to operate in a manner consistent with those laws. | | | | | | |
| OWNER'S SIGNATURE:DATE: | | | | | | |
| | | | | | | |
| FOR OFFICE USE ONLY: | | | | | | |
| Amount Paid \$: Date Paid: | | Receip | pt #: | Check #: | CC Auth # | |
| OWFA_ | | PR | PE | INV | SR | |
| Application: Approved Denied REHS Signature: | | | | | DATE: | |